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| Application Number | 10/585,089 |
|------------------------|---------------|
| Filing Date | June 30, 2006 |
| First Named Inventor | Shinichi WADA |
| Art Unit | N/A |
| Examiner Name | N/A |
| Attorney Docket Number | L5085.07104 |

| I hereby revoke all previous powers of attorney given in the above-identified application: | | | | | | | | |
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| I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | |
| Signature Signature Signature Signature | | | | | | | | |
| Name | Shinichi Wada Shinichi WADA | | | | | | | |
| Date | Dec. 20, 2007 Telephone | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | |
| ✓ *Total of _ | Iform | ns are submitted. | | | | | · | |

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